

**\*BIBDATASHEET\*****CONFIRMATION NO. 3950**

Bib Data Sheet

SERIAL NUMBER 09/834,208	FILING DATE 04/13/2001  RULE	CLASS 128	GROUP ART UNIT 3731	ATTORNEY DOCKET NO.
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**APPLICANTS**

G. Thomas Wolf, Mason, OH;

**\*\* CONTINUING DATA \*\*\*\*\****none***\*\* FOREIGN APPLICATIONS \*\*\*\*\****none***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 08/29/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR  COUNTRY OH	SHEETS  DRAWING 1	TOTAL  CLAIMS 4	INDEPENDENT  CLAIMS 1
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**ADDRESS**
 PETER P. TUNG, PH.D.  
 6567 GALWALY DRIVE  
 CLARKSVILLE, MD  
 21029
**TITLE**

Oxygen mask

FILING FEE  RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit